## CONTRACT #3 RFS # 318.66-026

Department of Finance & Administration / Bureau of TennCare

VENDOR: Volunteer State Health Plan, Inc.



### RECEIVED

APR 2 9 2005

## FISCAL REVIEW

#### STATE OF TENNESSEE BUREAU OF TENNCARE 729 CHURCH STREET NASHVILLE, TENNESSEE 37247-6501

April 28, 2005

Mr. Jim White, Director Fiscal Review Committee G-19 War Memorial Building Nashville, TN 37243

Attention: Leni Chick

RE: Bureau of TennCare Contract Submitted for Fiscal Review

Dear Mr. White:

The Department of Finance and Administration, Bureau of TennCare, is submitting for review by the Fiscal Review Committee amendment #10 to FA-0214632-00, the contract between TennCare and Volunteer State Health Plan, Inc. This contractor provides TennCare covered services to children in state custody and provides a safety net should other MCOs fail. This amendment provides a vehicle for payment to Meharry Medical Services Foundation and/or the Meharry Dental Clinic for unreimbursed TennCare and charity case costs. This amendment adds an additional \$5,343,886.00 to FY '2005 to funds paid previously to Meharry for this fiscal year, which brings Meharry payments total to \$10,204,080.00 for FY 2005.

We would greatly appreciate the approval of this amendment by the Fiscal Review Committee.

Sincerely,

J. D. Hickey

**Deputy Commissioner** 

## REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED

	Commissioner of Finance & Administration					
	Date:					
A REQUEST CAN NOT BE CONSIDERED IF INFORMATION PR	OVIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT					
RFS# 318.66-026						
STATE AGENCY NAME: Deparatment of Finance and Admin	nistration, Bureau of TennCare					
SERVICE CAPTION : Provides TennCare covered servic MCO's fail.	es to children in State custody and provides a safety net should other					
CONTRACT# FA-02-14632-00	PROPOSED AMENDMENT # 10					
Each of the request items halow indicates specific information that must be individually detailed or addressed as required. A REQUIEST CAN NOT DE CONSIDERED IF INFORMATION PROVIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT CLEARLY ADDRESS EACH OF THE REQUIREMENTS INDIVIDUALLY AS REQUIRED.  318.66-026  INTERIOR Provides TennCare covered services to children in State custody and provides a safety not should other MCO's fail.  PROPOSED AMENDMENT # 10  INTRACT # FA-02-14632-00 PROPOSED AMENDMENT # 10  INTRACT START DATE: July 1, 2001  RERENT, LATEST POSSIBLE END DATE: 12/31/2005  RERENT, LATEST POSSIBLE END DATE: 12/31/2005  RERENT MAXIMUM LIABILITY: \$281,176,467.90  TEST POSSIBLE END DATE WITH PROPOSED AMENDMENT: 12/31/2005  TAL MAXIMUM COST WITH PROPOSED AMENDMENT: 12/31/2005  REQUIRED REQUIRED REQUEST DETAILS BELOW (address each item immediately following the requirement text)  description of the proposed additional service and amendment effects:  Wides vehicle for payments to Meharry Medical Services Foundation and/or the Meharry dental Clinic for unreimbursable TennCare Indirity case costs.						
CONTRACT START DATE:	1, 2001					
CURRENT, LATEST POSSIBLE END DATE : (including ALL options to extend)	1/2005					
CURRENT MAXIMUM LIABILITY: \$281	,176,467.90					
LATEST POSSIBLE END DATE WITH PROPOSED AMENDM (including ALL options to extend)	ENT : 12/31/2005					
TOTAL MAXIMUM COST <u>WITH</u> PROPOSED AMENDMENT: ( <u>including</u> ALL options to extend)	\$286,520,353.90					
APPROVAL CRITERIA: use of Non-Competitive Ne	ACT START DATE:  July 1, 2001  NT, LATEST POSSIBLE END DATE: 12/31/2005  NT MAXIMUM LIABILITY: \$281,176,467.90  T POSSIBLE END DATE WITH PROPOSED AMENDMENT: 12/31/2005  MAXIMUM COST WITH PROPOSED AMENDMENT: 12/31/2005  MAXIMUM COST WITH PROPOSED AMENDMENT: 12/31/2005  \$286,520,353.90  VAL CRITERIA:  Use of Non-Competitive Negotiation is in the best interest of the state					
only one uniquely qualified	d service provider able to provide the service					
ADDITIONAL REQUIRED REQUEST DETAILS BELOW (add	ress each item immediately following the requirement text)					
(1) description of the proposed additional service and ame	ndment effects:					
Provides vehicle for payments to Meharry Medical Services Found charity case costs.	undation and/or the Meharry dental Clinic for unreimbursable TennCare					
(2) explanation of need for the proposed amendment :						

	y the Contractor to Meharry Medical Services and/or the Meharry Dental Clinic. Partial payment was
Annual payments are made by made in amendment #8,. This	y the Contractor to Menarty Medical Scribes and the Contractor to Menarty.  s amendment will pay the remainder of FY 2005 payments to Menarty.
(2) name and address of the	a proposed contractor's principal owner(s) : contractor is a state education institution)
BlueCross BlueShield 801 Pi	ne St Chattanooga,TN 37402
(4) documentation of OIR e (required only if the subje	ndorsement of the Non-Competitive procurement request : ect service involves information technology)
select one:	Documentation Not Applicable to this Request Documentation Attached to this Request
(5) documentation of Depa	rtment of Personnel endorsement of the Non-Competitive procurement request : act service involves training for state employees)
select one:	Documentation Not Applicable to this Request Documentation Attached to this Request
(6) description of procurin	g agency efforts to identify reasonable, competitive, procurement alternatives rather than to use lation:
VSHP is currently providing	a network of services that it is uniquely qualified to perform.
	F&A Commissioner should approve a Non-Competitive Amendment :
	nent by F&A will ensure the state can make final payment to Meharry Medical Services and/or Meharry his amount is a sum sufficient to administer this amendment in accordance with state law. CMS requires
AGENCY HEAD REQUEST (must be signed by the ACT agency head as detailed on Certification on file with OCF authorized signatory will be documented exigent circums	## Discouring the Signature

	<del>,</del> >	CONTRA	OT CLIMMADY	SHEET		·
		CONTRA	CT SUMMARY		11000 10	
RFS Number:	318.66-026			Contract Number:	FA-02-14632-10	) 
State Agency:	Department of Finance ar	nd Administration	· · · · · · · · · · · · · · · · · · ·	Division:	Bureau of TennCare	
		ntractor		Cont	ract Identification	Number
		III actor		□ V-		
/SHP (TennCa	re Select)			□ c-		
			Service Description		TCara /:Mod	ionid Population
Managed Care	Organization Service	es (ASO) / Medically	necessary Health C	are Services to the	e TennCare / Med	
		ct Begin Date			Contract End Da	te
		/1/2001	<del></del>		12/31/2005	÷
			Possel	Grant	Grant Code	Subgrant Code
Allotment Code	Cost Center	Object Code	<u>Fund</u>			
318.66	532	134	11	☐ STARS		<u></u>
	<u> </u>		Interdepartmental		Total Contract	t Amount (including
F3/	State Funds	Federal Funds	Funds	Other Funding		mendments
FY	\$ 6,755,937.23	\$ 11,843,931.25			\$	18,599,868.4
2002		\$ 17,294,819.40			\$	33,079,942.8
2003	Ψ   Ο   Ι Ο Τ   Ι - Ι - Ι - Ι - Ι - Ι - Ι - Ι - Ι - Ι	\$ 38,364,165.90			\$	63,490,156.6
2004	\$ 25,125,990.72				\$	116,014,886.0
2005	\$ 58,007,443.00				\$	55,335,500.0
2006	\$27,667,750.00		<del></del>		\$	286,520,353.9
Total	\$133,342,244.35	\$ 153,178,109.55		<del></del>	Check the box ON	ILY if the answer is Y
CFDA#	93.778 Title XIX Dep	t. of Health &Human S	ivcs	<del></del>		
	State !	iscal Contract		Is the Contractor	SUBRECIPIENT? (p	er ONIB A-133)
Name:	Dean Daniel	<u> </u>		is the Contractor	a Vendor? (per OMB	A-133)
Address:	729 Church Street		•			
Phone:	Nashville, TN		•	Is the Fiscal Year	Funding STRICTLY L	IMITED?
	(615)532-1362			Is the Contractor	<del>_</del>	
F	Procuring Agency But	Iget Officer Approval S	Signature		s FORM W-9 ATTACH	IED2
Scott Pierce	/H/W				s Form W-9 Filed with	
				Is the Contractor	Funding Certific	
	<b>ØOMPLETE FOR</b>	ALL AMENDMENTS (	only)	Durayant to T.C.A	, Section 9-6-113, I, M	. D. Goetz, Jr.,
		Base Contract & Prior	Į.	V Commissioner of I	-inance and Administa	tion, do hereby certify t
11: 9		Amendments	This Amendment ON	there is a halance	in the appropriation fro	om which this obligation
CONTR	ACT END DATE:	12/31/2004	12/31/2005	required to be paid	that is not otherwise	encumbered to pay
FY: 2002		\$ 18,599,868.48		<ul> <li>obligations previous</li> </ul>	usly incurred.	
FY: 2003		\$ 33,079,942.80				
FY: 2004		\$ 63,490,156.62				
		\$110,671,000.00		00		
FY: 2005		\$55,335,500.00	ol			•
FY: 2006	Tota	: \$ 281,176,467.90		00		
ī	1014					•

#### **AMENDMENT NUMBER 10**

# AN AGREEMENT FOR THE ADMINISTRATION OF TENNCARE SELECT BETWEEN THE STATE OF TENNESSEE, d.b.a. TENNCARE AND VOLUNTEER STATE HEALTH PLAN, INC.

CONTRACT NUMBER: FA-02-14632-10

For and in consideration of the mutual promises herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to clarify and/or amend the Agreement for the Administration of TennCare Select by and between the State of Tennessee TennCare Bureau, hereinafter referred to as TENNCARE, and Volunteer State Health Plan, Inc., hereinafter referred to as the CONTRACTOR, as follows:

Titles and numbering of paragraphs used herein are for the purpose of facilitating use of reference only and shall not be construed to infer a contractual construction of language.

1. Section 2-25 of the Agreement for the Administration of TennCare Select shall be amended by deleting and replacing the last paragraph which shall read as follows:

Payments to the Meharry Medical Services Foundation and/or the Meharry Dental Clinic under this amendment shall not exceed \$10,000,000 for State fiscal year 2005. In addition to any interest earned, TENNCARE agrees to pay the CONTRACTOR a sum sufficient to administer this amendment in accordance with state law. The total obligation to the CONTRACTOR under this amendment including the supplemental payment to Meharry Medical Services Foundation and/or the Meharry Dental Clinic shall not exceed \$10,204,080 for State fiscal year 2005. At such time that Federal Regulations allow, TENNCARE may discontinue making supplemental pool payments through the CONTRACTOR during State fiscal year 2005.

#### Amendment 10 (continued)

All of the provisions of the original Agreement not specifically deleted or modified herein shall remain in full force and effect. Unless a provision contained in this Amendment specifically indicates a different effective date, for purposes of the provisions contained herein, this Amendment shall become effective as of the date it is approved by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

VOLUNIEER STATE BEALTH FLAN,
INC.
1037.
BY:
President and Chief Executive Officer
T) A (T) ()
DATE:
•
•
APPROVED BY:
ATROVED D1.
STATE OF TENNESSEE
COMPTROLLER OF THE TREASURY
COMM TROUBLE OF THE TREE CONT.
BY:
John G. Morgan
Comptroller
TO A TOTAL
DATE:

		CONTRA	CT SUMMARY	SHEET				
		CONTRA	CT SOMMAN		E 00 44033 00			
RFS Number:	318.66-026			Contract Number:	FA-02-14632-09			
State Agency:	Department of Finance ar	nd Administration		Division:	Bureau of TennCare	· · ·		
Jiate Agonoy.			Contr	act Identification	Number			
		ontractor		V-	<del></del>			
VSHP (TennCa	are Select)			□ c-				
			Service Description			- 14 Denulation		
Managed Care	Organization Service	es (ASO) / Medically r	necessary Health Ca	are Services to the	Contract End Da	calo Population		
	Contra	ct Begin Date			Contract Elle Da			
	7/1/2001				12/31/2005			
All to the Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code		
Allotment Code 318.66	532	134	11 .	☐ STARS				
· · · · · · · · · · · · · · · · · · ·	Ctata Funda	Federal Funds	Interdepartmental Funds	Other Funding	ALL a	Amount (including mendments		
FY_	\$ 6,755,937.23	\$ 11,843,931.25			\$	18,599,868.4		
2002		\$ 17,294,819.40			\$	33,079,942.8		
2003	\$ 15,785,123.40 \$ 25,125,990.72	\$ 38,364,165.90			\$	63,490,156.6		
2004	\$ 55,335,500.00	\$ 55,335,500.00			\$	110,671,000.0		
2005	\$26,667,750.00				\$	55,335,500.0		
2006 Total		\$ 149,506,166.55	·		\$	281,176,467.9		
	. 4123,075,007.00	93.778			Check the box ON	LY if the answer is Yi		
CFDA#_	State I	Fiscal Contract		Is the Contractor a	SUBRECIPIENT? (pe	er OMB A-133)		
Name:	Dean Daniel	1000.			Vendor? (per OMB A	\-133\		
Address:	729 Church Street			is the Contractor a	Vendor : (por o			
Phone:	Nashville, TN			Is the Fiscal Year F	unding STRICTLY L	MITED?		
	(615)532-1362	L A OFF Aumental S	ignature		Is the Contractor on STARS?			
	Procuring Agency Bud	lget Officer Approval S	ngnature		Is the Contractor's FORM W-9 ATTACHED?			
Scott Pierce	CAAC	Mun-			Form W-9 Filed with	ľ		
		*** **********************************	- Alvel		Funding Certifica	ation		
	COMPLETE FOR	ALL AMENDMENTS (of Base Contract & Prior		Pursuant to T.C.A.,	Section 9-6-113, I. M.	D. Goetz, Jr.,		
		Amendments	This Amendment ONL	V Commissioner of Fit	nance and Administat	ion, do nereby ceilily u		
CONTR	ACT END DATE:	12/31/2004	12/31/2005	Ifhere is a halance if	the appropriation fro that is not otherwise 6	III MILLON CING CONSTRUCT		
	AUI LIND DATE.	\$ 18,599,868.48		obligations previous	ly incurred.			
FY: 2002		\$ 33,079,942.80			•			
FY: 2003		\$ 63,490,156.62						
FY: 2004		\$39,155,080.00	\$71,515,920.0					
FY: 2005 FY: 2006			\$55,335,500.0					
F1. 2000	Total	: \$ 154,325,047.90	\$ 126,851,420.0	0		<b>₹</b>		

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		CONTRA	ACT SUMMARY	SHEET				
RFS Number:	318.66-026			Contract Number:	FA-02-14632-08	·		
State Agency:	Department of Finance a	and Administration		Division:	Bureau of TennCare			
	Co	ontractor			act Identification	Number	<u> </u>	
VSHP (TennCa	re Select)			□ v- □ c-				
			Service Description					
Managed Care	Organization Servic	es (ASO) / Medically	necessary Health Ca	re Services to the				
	Contra	ct Begin Date			Contract End Date	<u>te</u>		
	7	7/1/2001			12/31/2004			
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code	<del>)</del>	
318.66	532	134	11	☐ STARS				
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	ALL ar	Amount (including nendments		
2002	\$ 6,755,937.23	\$ 11,843,931.25			<u>  \$</u>	18,599,868		
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$	33,079,942		
2004	\$ 25,125,990.72	\$ 38,364,165.90	<u> </u>		\$	63,490,156 39,155,088		
2005	\$ 13,935,109.85	\$ 25,219,978.15			\$	39, 100,000	.00	
					\$	154,325,055	90	
Total:	\$ 61,602,161.20	\$ 92,722,894.70				LY if the answer is	_	
CFDA#		93.778					153	
	State I	Fiscal Contract		Is the Contractor a S	SUBRECIPIENT? (pe	r OMB A-133)	<b>├</b> —	
Name:	Dean Daniel		<del></del>	Is the Contractor a	/endor? (ner OMB A	-133)		
Address:	729 Church Street			IS the Contractor a	Chaor: (per onia)		$\vdash$	
Phone:	Nashville, TN (615)532-1362			Is the Fiscal Year Funding STRICTLY LIMITED?				
		iget Officer Approval S	ignature	is the Contractor on	Is the Contractor on STARS?			
	rocaring Agency Das			Is the Contractor's FORM W-9 ATTACHED?				
Scott-Pierce-	Beeth -	faithe		Is the Contractor's Form W-9 Filed with Accounts?				
	COMPLETE FOR	ALL AMENDMENTS (o	nly)		<b>Funding Certifica</b>	tion		
	OOM LETE! OX	Base Contract & Prior Amendments	This Amendment ONLY	Commissioner of Fin	Section 9-6-113, I, M. ance and Administation	on, do hereby certify	that	
CONTRA	ACT END DATE:			there is a balance in	the appropriation fron nat is not otherwise er	n which this obligated	11 13	
FY: 2002	- · · · · · · · · · · · · · · · · · · ·	\$ 18,599,868.48		obligations previous	y incurred.	#->		
FY: 2003		\$ 33,079,942.80		<b>4</b>				
FY: 2004		\$ 63,490,156.62		ļ	·			
FY: 2005		\$ 34,094,974.00	\$5,060,114.00	<u>_</u>				
FY:		m 440 204 044 00	¢ 5,060,114,00	-				
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Office of Contracts Review

	<u> </u>	CONTRA	CT SUMMARY	SHEET		
RFS Number:	318.66-026	<u> </u>		Contract Number:	FA-02-14632-07	
State Agency:	Department of Finance a	and Administration		Division:	Bureau of Tenn Care	
		ontractor	Contr	act Identification I	Number-	
VSHP (TennCa				□ V- □ C-		
·			Service Description			
Managed Care	Organization Service	ces (ASO) / Medically	necessary Health Ca	are Services to the	TennCare / Medi	caid Population
	Contra	act Begin Date			Contract End Dat	te
		7/1/2001			12/31/2004	·
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	532	134	11	☐ STARS		
FY FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	ALL ar	Amount (including nendments
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$	18,599,868.48
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$	33,079,942.80 63,490,156.62
2004	\$ 25,125,990.72	\$ 38,364,165.90			\$	34,094,974.00
2005	\$ 12,121,615.63	\$ 21,973,358.37			Φ	34,034,374.00
Total	\$ 59,788,666.98	\$ 89,476,274.92			\$	149,264,941.90
CFDA#		93.778			Check the box ON	LY if the answer is YES:
	State	Fiscal Contract		Is the Contractor a	SUBRECIPIENT? (pe	r OMB A-133)
Name:	Dean Daniel 729 Church Street	,		is the Contractor a	Vendor? (per OMB A	133)
Address: Phone:	Nashville, TN (615)532-1362	·		Is the Fiscal Year Fi	unding STRICTLY LI	MITED?
		get Officer Approval	Signature	Is the Contractor or	STARS?	
				Is the Contractor's FORM W-9 ATTACHED?		
Dean Daniel	4 lean	Warrie	< 6/24/04	Is the Contractor's	Form W-9 Filed with	
	COMPLETE FOR	ALL AMENDMENTS (of Base Contract & Prior	only)	Durguent to T.C.A.	Funding Certifica Section 9-6-113, I, M.	
		Amendments	This Amendment ONL	Y Commissioner of Fin	ance and Administati	on, do hereby certify that
CONTR	ACT END DATE:			there is a balance in	the appropriation from hat is not otherwise e	n which this obligation is
FY: 2002		\$ 18,599,868.48		required to be paid to obligations previous		neumbered to pay
FY: 2003		\$ 33,079,942.80	ļ		<b>.</b>	
FY: 2004		\$ 63,490,156.62			<del></del>	
FY: 2005		\$ 34,094,974.00		-		
FY:	<del></del>	D 440 004 044 00	<u> </u>			
	Tota	1: \$ 149,264,941.90	\$ -	<u>_</u>		E 2 2

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COMPANY LEN'S OFFICE

<u>·                                      </u>		CONTRA	ACT SUMMARY	SHEET			
RFS Number:	318.66-026		Contract Number:	FA-02-14632-06			
State Agency:	Department of Finance a	nd Administration	· · · · · · · · · · · · · · · · · · ·	Division:	Bureau of TennCare		
	Co	ontractor	· · · · · · · · · · · · · · · · · · ·	Cont	ract Identification I	Number	
VSHP (TennCa	are Select)			□ v- □ c-			
	6		Service Description				
Managed Care	Organization Servic	es (ASO) / Medically	necessary Health Ca	are Services to the			
	Contra	ct Begin Date			Contract End Dat	te	
	7	//1/2001			12/31/2004		
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code	<u>e</u>
318.66	839	134	11	☐ STARS		A	
			Interdepartmental	Otto and Franchisco		Amount (includi	ng
FY_	State Funds	Federal Funds	Funds	Other Funding	\$ ALL at	18,599,868	.48
2002	\$ 6,755,937.23	\$ 11,843,931.25	<del></del>	<u> </u>	\$	33,079,942	
2003	\$ 15,785,123.40	\$ 17,294,819.40	<del></del>		\$	63,490,156	
2004	\$ 25,125,990.72	\$ 38,364,165.90			\$	34,094,974	
2005 /	\$ 12,121,615.63	\$ 21,973,358.37			Ψ	<u> </u>	
	6 FO 700 666 00	\$ 89,476,274.92	<u> </u>		\$	149,264,941	.90
Total	\$ 59,788,666.98	93,778			Check the box ON		
CFDA#	<u> </u>						T
<u> </u>		iscal Contract		Is the Contractor a	SUBRECIPIENT? (pe	1 ONIB A-133)	+
Name: Address:	Dean Daniel 729 Church Street			Is the Contractor a Vendor? (per OMB A-133)			╄
Phone:	Nashville, TN (615)532-1362	•		Is the Fiscal Year Funding STRICTLY LIMITED?			
		iget Officer Approval	Signature	Is the Contractor o	n STARS?	•	1
	Tocurring Agency Buc	()	) /	Is the Contractor's	FORM W-9 ATTACHI	ED?	
Dean Daniel	Wear	hansel	12/23/03	Is the Contractor's	Form W-9 Filed with		
	COMPLETE FOR		only) /		Funding Certifica		
		Base Contract & Prior Amendments	This Amendment ONL	Pursuant to T.C.A.,	Section 9-6-113, I, M. nance and Administati	D. Goeiz, Jr., on, do hereby certify	, that
	LOW END DATE.	Amendments	This Athendinent Oit	there is a balance in	n the appropriation fror	n which this obligation	on is
	ACT END DATE:	\$ 18,599,868.48	<del> </del>	required to be paid	that is not otherwise er	ncumbered to pay	
FY: 2002		\$ 33,079,942.80	<del></del>	obligations previous	sly incurred.		
FY: 2003 FY: 2004		\$ 29,395,182.62		<b>i</b>			
FY: 2004		,	\$ 34,094,974.00				
FY:							
	Total	: \$ 81,074,993.90	\$ 68,189,948.00		—qr	· 12-3	
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		CONTRA	ACT SUMMARY	SHEET	<del></del>		
RFS Number:	318.66-026			Contract Number:	FA-02-14632-05	· · · · · · · · · · · · · · · · · · ·	
State Agency:	Department of Finance a	and Administration	·	Division:	Bureau of TennCare		
	C	ontractor		Contr	act Identification	Number	
VSHP (TennCa	are Select)			□ V-		· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·	Service Description				
Managed Care	Organization Service	ces (ASO) / Medically	necessary Health Ca	re Services to the			
	Contra	act Begin Date			Contract End Dat	ie	
	7	7/1/2001			12/31/2003	<u>.</u>	
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code	
318.66	839	134	11	☐ STARS			
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	ALL ar	Amount (including nendments	
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$	18,599,868.4	
2003	\$ 15,785,123.40	\$ 17,294,819.40	<u>OCR REL</u>	EASEU	\$	33,079,942.8	
2004	\$ 13,004,375.09	\$ 16,390,807.53			\$	29,395,182.6	
			DEC 1 5	<del>2003 — —</del>			
T-4-1-	\$ 35,545,435.72	\$ 45,529,558.18			<del> </del>	81,074,993.9	
Total:	\$ 35,545,435.72	93.778	ΤΟ ΔΕΙ	HINTS		Y if the answer is Y	
CFDA#	24.4.1	<del></del>	$\frac{1000}{1000}$	Is the Contractor a 5			
	Dean Daniel	Fiscal Contract		is the Contractor a c	BBREON IERT : (pe	· · · · · · · · · · · · · · · · · · ·	
Name: Address:	729 Church Street			Is the Contractor a Vendor? (per OMB A-133)			
Phone:	Nashville, TN			Is the Fiscal Year Funding STRICTLY LIMITED?			
	(615)532-1362	L. (Off d		is the Contractor on STARS?			
P	rocuring Agency Buc	dget Officer Approval S	signature	is the contractor on	JAKO:		
Dean Daniel	1 mon 1	have !	12/11/03		FORM W-9 ATTACHE		
	West - K	3011100	10,111,00		Form W-9 Filed with		
	COMPLETE FOR	ALL AMENDMENTS (c T Base Contract & Prior	nly) /		Funding Certifica Section 9-6-113, I, M.		
		Amendments	This Amendment ONLY	Commissioner of Fin	ance and Administation	on, do hereby certify the	
CONTRA	ACT END DATE:	<u> </u>		there is a balance in	the appropriation from	n which this obligation	
FY: 2002	·	\$ 18,599,868.48		required to be paid th	nat is not otherwise er	cumbered to pay	
FY: 2003		\$ 33,079,942.80		obligations previously			
FY: 2004		\$ 24,372,429.50	\$ 5,022,753.12	Surel 1	2-9-03		
FY:					-	·	
FY:				_[			
		m 70 050 040 70	E 000 750 40				

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Office of Contracts Review

								<u> r</u>		
			CONTRA	CT SU	MMARY	SHEET	<del></del>		_	
FS Number:	318.66 -	026		<del></del>	•	Contract Number:	FA-02-14632-04			
tate Agency:	Department of Finance at					Division:	Bureau of TennCare			
tate Agency.	<u> </u>					Cont	ract Identification I	Number		
		ntrac	101			V-	<del></del>			
SHP (TennCar	re Select)					<u> </u>				
	)			Service I	Description			issid Deputation		
lanaged Care	Organization Servic	es (A	SO) / Medically	necessa	ry Health C	are Services to the	Contract End Da	te		
	Contra	ct Be	gin Date							
		/1/20					12/31/2003			
	Cont Contor		Object Code		Fund	Grant	Grant Code	Subgrant Code	e	
Allotment Code 318.66	Cost Center 839		134		11	☐ STARS				
310.00				Interde	partmental	<del>                                     </del>	Total Contract	t Amount (includi	ng	
	Dita Funda	F	ederal Funds		unds	Other Funding		mendments	- 46	
<u>FY</u>	State Funds		11,843,931.25				\$	18,599,868	_	
2002	\$ 6,755,937.23		17,294,819.40				\$	33,079,942	_	
2003	\$ 15,785,123.40		13,218,509.53				\$	24,372,429	1.00	
2004	\$ 11,153,919.98	φ	13,210,000.00							
		ļ.—-						76,052,240	7.7	
T-4-1	\$ 33,694,980.61	\$	42,357,260.18				\$			
Total:	\$ 55,054,000.01	1 *	93.778				Check the box ON	ILY if the answer is	YE	
CFDA#						Is the Contractor a	SUBRECIPIENT? (p	er OMB A-133)		
		risca	I Contract			_			1	
Name:	Dean Daniel 729 Church Street					Is the Contractor a	Vendor? (per OMB	A-155)	+	
Address: Phone:	Nashville, TN					is the Fiscal Year	is the Fiscal Year Funding STRICTLY LIMITED?			
	(615)532-1362						is the Contractor on STARS?			
	rocuring Agency Bu	dget (	Officer Approval	Signature	e		s FORM W-9 ATTACH	HED?	Ţ.	
Dean Daniel	1) anni	1	) 2 miles	) 1	1/14/0		s Form W-9 Filed wit		Ť	
ļ. <i>4</i>		<u>~</u>	20 · +CZ	<u>/ v</u>	7. 70	<del>-</del>	Funding Certific	ation		
	COMPLETE FOR	ALL	AMENDMENTS (	oniy) .	<u>'                                    </u>	Pursuant to T.C.A.	Section 9-6-113, I, M	I. D. Goetz, Jr.,		
		75.	Amendments	This An	nendment ON	LY Commissioner of F	inance and Administa	ition, do nereby certii	y ti ion	
CONTR	ACT END DATE:	<del></del> -				there is a balance	in the appropriation from the thick is not otherwise	ancumbered to Day	JOLI	
	WO! THE PARE!	15	18,599,868.48			required to be paid obligations previou	isly incurred.			
FY: 2002	<u></u>	\$	33,079,942.80				asiy interior			
FY: 2003		+ \$	18,366,944.50		6,005,485.0	00			_	
FY: 2004		+*		T			•			
FY:	·	$\dashv \neg$					* *			
FY:	Tota	1: \$	70,046,755.78	\$ \$	6,005,485.	00				
	, 0	- I T					•			

		CONTRA	ACT SUMMARY	SHEET				
· 				Contract Number:	FA-02-14632-03			
RFS Number:	318-66	-026	·	Contract Number.	77-02 14002 00			
State Agency:	Department of Finance a	nd Administration		Division:	Bureau of TennCare			
		ontractor			ract Identification I	lumber		
				<u>v</u> -				
VSHP (TennCa	re Select)			<u> </u>				
			Service Description		- 0 - 134 - di	id Deputation		
Managed Care	Organization Service	es (ASO) / Medically	necessary Health Ca	are Services to the	e TennCare / Medi			
		ct Begin Date			Contract End Dat	e		
		7/1/2001			12/31/2003			
	/			Grant	Grant Code	Subgrant Code		
Allotment Code	Cost Center	Object Code	Fund		0,0,,,,			
318.66	839	134	11	STARS				
	<u> </u>		Interdepartmental	<del>                                     </del>	Total Contract	Amount (including		
FY	State Funds	   Federal Funds	Funds	Other Funding		nendments 18,599,868.48		
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$	33,079,942.80		
2002	\$ 15,785,123.40	\$ 17,294,819.40			\$	18,366,944.50		
2003	\$ 9,183,472.25	\$ 9,183,472.25			\$	10,300,844.30		
2004	φ ο, του, τ. =.==	<u>, , , , , , , , , , , , , , , , , , , </u>		<u> </u>				
				<u> </u>		70,046,755.78		
Total:	\$ 31,724,532.88	\$ 38,322,222.90		<del> </del>		LY if the answer is YES		
CFDA#		93.778						
	State	Fiscal Contract		Is the Contractor a	SUBRECIPIENT? (pe	F OMB A-133)		
Name:	Dean Daniel			Is the Contractor a Vendor? (per OMB A-133)				
Address:	729 Church Street		•			*		
Phone:	Nashville, TN		·	Is the Fiscal Year Funding STRICTLY LIMITED?				
	(615)532-1362	dest Officer Approval	Signature	is the Contractor on STARS?				
P	rocuring Agency But	dget Officer Approval	019110101	In the Contractor's	FORM W-9 ATTACH	ED?		
Dean Daniel	1. Joan to	)	1.120/02	<del></del>	Is the Contractor's FORM W-9 ATTACHED?  Is the Contractor's Form W-9 Filed with Accounts?			
		avyes	20100	is the Contractors	Funding Certifica			
	COMPLETE FOR	ALL AMENDMENTS ( Base Contract & Prior		Pursuant to T.C.A.,	Section 9-6-113, I. M.	D. Goetz, Jr.,		
	( .	Amendments	This Amendment ONL	V Commissioner of F	inance and Administati	on, do hereby certify tha		
	OT THE DATE.	Amendment		I there is a balance I	in the appropriation क्रा that is not otherwise e	II MINOLI ELIO ODUGACIONI		
	ACT END DATE:			required to be paid — obligations previou	siv incurred.	iteritioning to Let		
FY: 2002				Obligations previou	eng avenue o			
FY: 2003								
FY: 2004								
FY:		<del>                                     </del>						
FY:	Tota	l: \$ -	\$ -					

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				CONTRA	CT SUMMARY	S	HEET			_
سياب	310	.66-026					Contract Number:	FA-02-14632-02		
mber:	Administration						Bureau of TennCare			
gency:								act identification l	Number	
		Co	ntr	actor		+	T □ V- □	•		
(TennC	are S	Select)					□ c-			•
<del>,</del>				<u> </u>	Service Description	_		TCara / Madi	caid Population	
ged Care	org	anization Servic	es (	ASO) / Medically	necessary Health C	ar	e Services to the	Contract End Da	fe	
				Begin Date				Contract End 25		
		7	/1/2	2001	•	Ì	·	12/31/2003	,	
				Object Code	Fund	$\neg$	Grant	Grant Code	Subgrant Code	
ment Code	$\neg \neg$	Cost Center		134	11		STARS			
318.6	3	839	<del></del>		Interdepartmental		Other Funding	Total Contract	Amount (includin mendments	
FY		State Funds		Federal Funds	Funds		Other Tunding	\$	18,599,868.	
2002	\$	6,755,937.23	\$_	11,843,931.25				\$	33,079,942.	
2003	\$	15,785,123.40	\$	17,294,819.40				\$	18,366,944.	50
2004	\$	9,183,472.25	.\$	9,183,472.25						
	-		-					\$	70,046,755.	78
Tota	1 8	31,724,532.88	\$	38,322,222.90		_	<u> </u>		LY if the answer is Y	
				93.778						
CFDA#		State	-isc	al Contract			Is the Contractor a SUBRECIPIENT? (per OMB A-133)			
<u>.                                    </u>	De	an Daniel					is the Contractor a Vendor? (per OMB A-133)			
ess:		9 Church Street			•			unding STRICTLY L		i
e:	Na (6)	ishville, TN 15)532-1 <u>362</u>								_
	Proc	uring Agency Bu	ige	Officer Approval	Signature		Is the Contractor o			
<del></del>	7	7	7	$\gamma$	.)		Is the Contractor's	FORM W-9 ATTACH	ED?	_
n Daniel	Ĺ	)ear	1/2	and			is the Contractor's	Form W-9 Filed with	Accounts?	
			AI.	LAMENDMENTS (	only)			Funding Certific	Warren Neel	
	•	COMPLETE FOR	E	Base Contract & Prior Amendments	This Amendment Of	NL	Commissioner of Fi	- the appropriation in	om which this obligation	thai n is
CONT	RAC	END DATE:	1	12/31/2003		_	Irequired to be paid	that is not otherwise	Suchtineted to bay	
2002				18,599,868.48		.00	obligations previou	siy incuneo.		
2003				28,036,976.80 18,366,944.50			의 ' - <u></u>	<u> </u>		
2004			+	\$ 18,366,944.50	<u>-</u>					
					<del></del>		1			

5;042,966.00

65,003,789.78

Total: \$

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COMPTROLLER'S OFFICE
MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET												
RFS Number:	318.66-026						ct Number:		FA-02-14632-01			
State Agency:	Department of Finance and Administration						in:		Bureau of TennCare			
Contractor							Contract Identification Number					
VSHP (TennCare Select)							V- C-					
Service Description												
Managed Care	Organization Service	ces (	ASO) / Medically	nec	essary Health Ca	re Ser	vices to th	ie T	TennCare / Medi	caid Population	1	
Contract Begin Date							Contract End Date					
7/1/2001							12/31/2003					
Allotment Code	Cost Center	Object Code			Fund	Grant			Grant Code	Subgrant Cod	le	
318.66	839		134		11		STARS					
FY	State Funds	F	ederal Funds	ln	terdepartmental Funds	Oth	er Funding		Total Contract Amount (in ALL amendments		ing	
2002	\$ 6,755,937.23	\$	11,843,931.25	-					\$	18,599,868	3.48	
2003	\$ 14,018,488.40	\$	14,018,488.40						\$ 28,036		3.80	
2004	\$ 9,183,472.25	\$	9,183,472.25						\$ 18,366		1.50	
		;										
			<u> </u>									
Total:	\$ 29,957,897.88	\$	35,045,891.90						\$	65,003,789	9.78	
CFDA#		93.778				Check the box ONLY if the answer is YES:						
State Fiscal Contract						Is the Contractor a SUBRECIPIENT? (per OMB A-133)						
Name:	Dean Daniel											
Address:	729 Church Street						Is the Contractor a Vendor? (per OMB A-133)					
Phone:	one: Nashville, TN (615)532-1362						Is the Fiscal Year Funding STRICTLY LIMITED?					
Procuring Agency Budget Officer Approval Signature							is the Contractor on STARS?					
Dean Daniel		( )			Is the Contractor's FORM W-9 ATTACHED?							
	Mar-4	<u>K</u> l	ane			Is the Contractor's Form W-9 Filed with Accounts?						
	COMPLETE FOR	ALL AMENDMENTS (only)				Funding Certification						
		Base Contract & Prior Amendments This			Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administation, do hereby certify that					that	
CONTRACT END DATE:			12/31/2002 12/31/2003			there is a balance in the appropriation from which this obligation is						
FY: 2002			18,599,868.48		12.0 %2000				is not otherwise end			
FY: 2003		\$	9,670,032.30	\$	18,366,944.50	obligat	ions previous	sly i	ncurred.		-	
FY: 2004				\$	18,366,944.50	1			1			
FY:			• • •	<b></b>								
FY:						1						
Total:			28,269,900.78	\$	36,733,889.00							

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CONTINUED OFFICE OF NAMAGEMENT SERVICES

		CO	NTR	ACT	SU	M M A	R	YSHE	E	T ::	West Land		
Contract Number FA-02-14632-00						State Agency		Tennessee Department of Finance and Administration					
7		Division	ision Bureau of TennO			are							
Contractor						Vendor ID Number							
VSHP (T	VSHP (TennCare Select)						-						
						□ c_	□ c_						
<del></del>					escription								
Manageo	Care Orga	anization Service	s (ASO) / I	Medically ne	ealth Care Services to the TennCare / Medicaid Population								
<u> </u>		Contract Be	gin Date	· <u></u>	Contract End Date								
07/01/01							12/31/02						
Aliotme	Aliotment Code		Cost Center Ob		Fund			Grant		ant Code	Subgrant Code		
318	.66 - 839			134	<u> </u>	1		on STARS		<b>.</b>			
FY	FY State Funds		Federal	Funds		oartmental inds		Other Funding		Total Contract Amount (including <u>ALL</u> amendments)			
2002		6,755,937.23		343,931.25		<del></del>				18,599,86			
2003		3,512,397.48	6,	157,634.82			-				9,670,032.30		
							-				· ·		
				,		·	+	· ·					
Total	10,268,334.71 18,001,566.07										28,269,900.78		
	Fiscal Year Funding Is Strictly Limited						CFDA Number 93.778						
		or is on STARS				State Fiscal Contact							
	Correct	Form W-9 On Fil	lo Mith And			Name Keith Gaither							
_ <b> </b> _	OR		ie with Act	Journs	•	Address 700 Church Chart Nestwills TN 07047 0504							
	Form W-9 Attached						Phone 729 Church Street, Nashville TN 37247-6501 (615) 532-1362						
	Service F		Procuring Agency Budget Officer Approval Signature										
	Contract (as defin	Keth Gather/RD 6/29/01											
. (	COMPLET	TE FOR <u>ALL</u> A	MENDME	NTS (only)	)	Funding Certification							
Base Contract & This Amen				Pursuant to T.C.A., Section 9-6-113, I, John D. Ferguson, Commissioner of									
Contract End Date			Prior Amendments ONLY			Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.							
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	•												
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